

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30					1. REQUISITION NUMBER	PAGE 1 OF 1
2. CONTRACT NO. NAS5-02151	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. TELEPHONE NUMBER (No collect calls)	7. OFFER DUE DATE/LOCAL TIME	8. DISCOUNT TERM
7. FOR SOLICITATION INFORMATION CALL:	9. ISSUED BY	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISAV. BUSINESS <input type="checkbox"/> 8(A) SIC: SIZE STANDARD:	11. DELIVERY FOR FOR DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE 13a. THIS CONTRACT IS A RATE ORDER UNDER DPAS (15 CFR 101) 13b. RATING	12. METHOD OF SOLICITATION <input type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP	14. ADMINISTERED BY	
15. DELIVER TO	16. CONTRACTOR/OFFEROR FCN, INC 12315 WILKINS AVE ROCKVILLE, MD 20852 PH: 301-770-2925	17a. PAYMENT WILL BE MADE BY	18. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA						
26. TOTAL AWARD AMOUNT (For Govt. Use Only)						
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-2, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.						
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED						
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES 29. AWARD OF CONTRACT: REFERENCE OFFER						
30. TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.						
31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)						
31b. NAME OF CONTRACTING OFFICER						
31c. DATE SIGNED						
32a. QUANTITY IN COLUMN 21 HAS BEEN						
32b. RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED						
32c. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE						
32d. DATE						
33. SHIP NUMBER						
34. VOUCHER NUMBER						
35. AMOUNT VERIFIED CORRECT FOR						
36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						
37. CHECK NUMBER						
38. S/R ACCOUNT NUMBER						
39. S/R VOUCHER NUMBER						
40. PAID BY						
41a. RECEIVED BY (Print)						
41b. RECEIVED AT (Location)						
41c. DATE REC'D (YY/MM/DD)						
41d. TOTAL CONTAINERS						
41e. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT						
41f. SIGNATURE AND TITLE OF CERTIFYING OFFICER						
41g. DATE						
41h. AUTHORIZED FOR LOCAL REPRODUCTION						

SEE REVERSE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT

STANDARD FORM 1449 (10-95)
Prescribed by GSA - FAR (48 CFR) 53.212